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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

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Application Number	10/561,491
Filing Date	December 20, 2005
First Named Inventor	Shlomo BEN-HAIM
Title	GASTROINYESTINAL METHODS
Art Unit	not assigned
Examiner Name	not assigned
Attorney Docket Number	MET095.233410

	in the three identified application	
I hereby revoke all previous powers of attorne	y given in the above-identified application.	
I hereby appoint:		
Practitioners associated with the Customer Number	54042	
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Practitioner(s) named below:		
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Statement under 37 CFR 3.73(b) is enclosed.	(FOM) F (WSC/36)	
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	Application Number	10/561,491	`
POWER OF ATTORNEY	Filing Date	December 20, 2005	
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	Yitlo	GASTROINTESTINAL METHODS	
	Art Unit	not assigned	
	Examiner Name	not assigned	_
	Attorney Docket Number	MET095.233410	

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS	Application Number	10/561,491
	Filing Date	December 20, 2005
	First Named Inventor	Shlomo BEN-HAIM
	Tilla	GASTROINTESTINAL METHODS
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INDICATION FORM

Art Unit

Examiner Name

Attorney Docket Number

I hereby revoke all previous powers of attorney given in the above-identified application. hereby appoint: 54042 Practitioners associated with the Customer Number. OR Practitioner(s) named below: Registration Number Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to trunsact all business in the United States Potent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR054042 1 The address associated with Customer Number: Individual Nama Address Zip Stelc City Country Email Telephone am tho: 8 Applicant/inventor. Assigned of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignoe of Record 10/1/06 Date Signature Tami Harel Telephone Name NOTE: Signatures of all the inventors or assignment of record of the entire interest or their representative(s) are required. Submit multiple forms if more then one signature is required, see below.

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	Application Number	10/561,491
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Application Number	10/561,491	
Filing Date	December 20, 2005	
First Named Inventor	Shlomo BEN-HAIM	
Title	GASTROINTESTINAL METHODS	
Art Unit	not assigned	
Examiner Name	not assigned	
Attorney Docket Number	MET095.233410	

I hereby revoke all	previous powers of attorney give	ven in the above-identified appli	cation.
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